Inc	dividual Name: _			Incident #									
	DMHDDAS Inc	ident Report and P	zer	to F	Pee	with No o	r Minor Injury Inves	tigation Review					
Da	te of Incident	Date of Review			Rev	viewer	Investigator / Team Leader	Facility					
							, really beautiful						
Instr	ructions: <u>All</u> inform	ation to complete the Ir	ncide	nt Re	epor	t Investigation	n Review is obtained from	the Incident Report and					
		 Minor Injury Investige sent and meets the stand 					s should be marked as follo	ows:					
No =	information is not	present, OR the informa					meet the standard at the	time of the review;					
		levant for the incident.	onmat	tion	hu+	it may not be	used as a stand-alone respo	anca.					
		•				•	cility Risk Management Pi						
Septe	ember 1, 2008.												
5		ility Responsibility	У	N			Comments						
	Page	s 1-5	e	0									
1.	All applicable ar	eas on Page 1 of the											
	Incident Report	contain data.											
2.	All applicable ar	eas on Page 2 of the											
	Incident Report	_											
3.	All applicable an	eas on Page 3 of the	+										
	Incident Report	<u>~</u>											
4	All continues to a		_										
4.	Incident Report	eas on Page 4 of the contain data.											
	'												
5.	All applicable ar Incident Report	eas on Page 5 of the											
	Incident Report	comain dara.											
	•	visor Responsibility ion/Follow-Up Form	y	N o	n a		Comments						
— 1 11		e 4	s		ŭ								
1.	_	ion was started and											
	completed on t	he same day as the											
	Incident Repor	1.											
2.		ps to secure the											
	scene are desc APPLICABLE.	ribed - AS											
2.a.		emove the potential											

target employee(s), and keep them

separated.

	ndard for Supervisor Responsibility	У	2	n	Comments
The	ident Investigation/Follow-Up Form Page 4	e	0	а	
2.b.	Obtain photographs of all visible injuries or photographs to document that no injury is present.				
2.c.	Prohibit any person from removing or destroying potential or actual evidence.				
2.d.	Keep potential witnesses at the scene, and keep them separated.				
3.	Conclusions are recorded.				
4.	Recommendations are recorded.				
	ndard for Supervisor Responsibility	У	N	n	Comments
	to Peer with No or Minor Injury Form	e	Zo	n a	Comments
	P to Peer with No or Minor Injury Form Page 1 Activity of the individuals before, during and after the incident is				Comments
Peer	to Peer with No or Minor Injury Form Page 1 Activity of the individuals before,	e			Comments
Peer 1.	Activity of the individuals before, during and after the incident is described.	e			Comments
1. 1.a.	Activity of the staff before, during Individual B Activity of the staff before, during and after the incident is described.	e			Comments
Peer 1. 1. a. 1.b.	Activity of the individuals before, during and after the incident is described. Individual B Individual B	e			Comments

	ndard for Supervisor Responsibility to Peer with No or Minor Injury Form	y	N o	n a	Comments
	Page 1	s			
3.	Surroundings that impacted the incident are described.				
4.	Early warning signs are described.				
4.a.	Individual A				
4.b.	Individual B				
5.	Interventions staff should have used are described.				
5.a.	Individual A				
5.b.	Individual B				
6.	Interventions staff used are described.				
7.	Effects of the interventions are described.				
7.a.	Individual A				
7.b.	Individual B				
8.	Staffing pattern that may have impacted the incident is described.				
9.	Sequence of immediate protections to eliminate potential, immediate, and future harm are described.				

	Standard for Team Leader Responsibility Peer to Peer with No or Minor Injury Form Page 2		Z 0	n a	Comments
1.	A description of how the incident affected the individual is described.				
1.a.	Status Individual A:				
1.b.	Status Individual B:				
1.b.	Isolated or trend?				
2.	If the YES block is checked, indicating additional follow-up is needed - additional follow-up is recorded.				

DMHDDAS: If any Standard is marked "NO" follow-up documentation with the Facility Director (email, mail, or verbal, which should be documented) should be attached to this Review Form.

Individual Name: Record Individual's name Incident # Record Incident #

DMHDDAS Incident Report and Peer to Peer with No or Minor Injury Investigation Review

Date of Incident	Date of Review	Reviewer	Investigator	Facility
			/ Team Leader	
Record the date of the incident	Record the date of the Review	Record the Reviewer's name	Inv: Record the investigator's name	Record the name of the facility
			TL: Record the Team	,
			Leader's name	

Instructions: <u>All</u> information to complete the Incident Report Investigation Review is obtained from the <u>Incident Report and</u> <u>Peer to Peer with No or Minor Injury Investigation Review.</u> All Standards should be marked as follows:

Yes = information is present and meets the standard;

No = information is not present, OR information is present but does not meet the standard;

Na = Standard is not relevant for the incident.

The Comments section may be used to clarify information, but it may not be used as a stand-alone response.

For further information related to the Standards, see the DMHDDAS Facility Risk Management Protocol (FRMP) effective September 1, 2008.

	Standard for Facility Responsibility	У	N	Comments
	Pages 1-5	e	0	
		s		
1.	All applicable areas on Page 1 of the			This standard is met if:
	Incident Report contain data.			a. All areas on Page 1 are completed
2.	All applicable areas on Page 2 of the			This standard is met if:
	Incident Report contain data.			a. All areas on Page 2 are completed
3.	All applicable areas on Page 3 of the			This standard is met if:
	Incident Report contain data.			a. All areas on Page 3 are completed
4.	All applicable areas on Page 4 of the			This standard is met if:
	Incident Report contain data.			a. All areas on Page 4 are completed
5.	All applicable areas on Page 5 of the			This standard is met if:
	Incident Report contain data.			a. All areas on Page 5 are completed

Sta	ndard for Supervisor Responsibility	У	N	n	Comments
Inci	Incident Investigation/Follow-Up Form		0	α	
	Page 4	S			
1.	The investigation was started and				This standard is met if:
	completed on the same day as the				a. Incident Report date and the Investigation/ Follow-up
	Incident Report.				date are the same OR if not, a clear reason is
	·				documented
2.	Immediate steps to secure the				
	scene are described - AS				
	APPLICABLE.				
2.a.	Immediately remove the potential				This standard is met if:
	target employee(s), and keep them				a. Removal of target employees is evident, and
	separated.				b. Separation of target employees is evident, or
					c. A clear reason for not doing a and/or b is
					documented, or
					d. No target employees are identified, and
					e. NA is appropriately documented
2.b.	Obtain photographs of all visible				This standard is met if: (IF APPLICABLE)
	injuries or photographs to document				a. Photographs of visible injuries is evident, or

Standard for Supervisor Responsibility Incident Investigation/Follow-Up Form Page 4		y e s	Z 0	n a	Comments
	that no injury is present.				b. Photographs of non-injury is evident, orc. NA is appropriately documented
2.c.	Prohibit any person from removing or destroying potential or actual evidence.				This standard is met if: a. Prohibition of removing or destroying potential or actual evidence is evident, or b. NA is appropriately documented
2.d.	Keep potential witnesses at the scene, and keep them separated.				This standard is met if: a. Keeping potential witnesses at the scene is evident, and b. Separation of potential witnesses is evident, or c. A clear reason for not doing a and/or b is documented, or d. No witnesses are identified, and e. NA is appropriately documented
3.	Conclusions are recorded.				This standard is met if: a. Outcome of the incident is described
4.	Recommendations are recorded.				This standard is met if: a. Recommendations are recorded that lead towards improving the quality of care for individuals, e.g. retrain staff on Topic XYZ, request assistance from Team Leader/case manager for additional training, talk with supervisor to request change in staffing, hole in bathroom wall be repaired to prevent plaster from falling, etc.

Standard for Supervisor Responsibility Peer to Peer with No or Minor Injury Form Page 1		y e s	Zo	n a	Comments
1.	Activity of the individuals before, during and after the incident is described.				
1.a.	Individual A				This standard is met if: a. Activity of Individual A before, during and after the incident is described
1.b.	Individual B				This standard is met if: a. Activity of Individual B before, during and after the incident is described
2.	Activity of the staff before, during and after the incident is described.				
2.a.	Staff A				This standard is met if: a. Activity of Staff A before, during and after the incident is described
2.b.	Staff B				This standard is met if: a. Activity of Staff B before, during and after the incident is described
3.	Surroundings that impacted the incident are described.				This standard is met if: a. Surroundings of individuals that impacted the incident

Standard for Supervisor Responsibility			Ν	n	Comments
Peer to Peer with No or Minor Injury Form		y	0	a	33111131113
	Page 1	s			
					are described
4.	Early warning signs are described.				
4.a.	Individual A				This standard is met if:
					a. Early warning signs displayed by Individual A are
					described
4.b.	Individual B				This standard is met if:
					a. Early warning signs displayed by Individual B are
					described
5.	Interventions staff should have				
	used are described.				
5.a.	Individual A				This standard is met if:
					a. Interventions from treatment plan staff should have
					used for Individual A are described
5.b.	Individual B				This standard is met if:
					a. Interventions from treatment plan staff should have
	T				used for Individual B are described
6.	Interventions staff used are				This standard is met if:
	described.				a. Interventions staff used for Individuals A and B are
7					described
7.	Effects of the interventions are described.				
7.a.	Individual A				This standard is met if:
7 .u.	Individual A				a. Effects of the interventions for Individual A are
					described
7.b.	Individual B				This standard is met if:
7.5.	Individual D				a. Effects of the interventions for Individual B are
					described
8.	Staffing pattern that may have				This standard is met if:
	impacted the incident is described.				a. Staffing pattern that may have impacted the incident
	•				is described, or
					b. NA is appropriately documented
9.	Sequence of immediate protections				This standard is met if:
	to eliminate potential, immediate,				a. Sequence of immediate protections to eliminate
	and future harm are described.				potential, immediate, and future harm are described

Stan	Standard for Team Leader Responsibility		Ν	n	Comments
Peer	to Peer with No or Minor Injury Form	e	0	α	
	Page 2	s			
1.	A description of how the incident				
	affected the individual is described.				
1.a.	Status Individual A:				This standard is met if:
					a. Effect of the incident on Individual A is described
1.b.	Status Individual B:				This standard is met if:
					a. Effect of the incident on Individual B is described
1.b.	Isolated or trend?				This standard is met if:
					a. Incident is identified as isolated or part of a trend
2.	If the YES block is checked,				This standard is met if:

Star	ndard for Team Leader Responsibility	У	Z	n	Comments
Pee	r to Peer with No or Minor Injury Form	e	0	α	
	Page 2	s			
	indicating additional follow-up is				a. Additional follow-up is documented if the YES block
	needed – additional follow-up is				is checked
	recorded.				

DMHDDAS: If any Standard is marked "NO" follow-up documentation with the Facility Director (email, mail, or verbal, which should be documented) should be attached to this Review Form.